



Send completed forms
to DOH Communicable
Disease Epidemiology
Fax: 206-418-5515

Hantavirus Pulmonary Syndrome

County _____

LHJ Use ID _____
☐ Reported to DOH Date ____/____/____
LHJ Classification ☐ Confirmed
☐ Probable
By: ☐ Lab ☐ Clinical
☐ Other: _____
Outbreak # (LHJ) _____ (DOH) _____

DOH Use ID _____
Date Received ____/____/____
DOH Classification
☐ Confirmed
☐ Probable
☐ No count; reason: _____

REPORT SOURCE

Initial report date ____/____/____
Reporter (check all that apply)
☐ Lab ☐ Hospital ☐ HCP
☐ Public health agency ☐ Other
OK to talk to case? ☐ Yes ☐ No ☐ Don't know
Investigation start date: ____/____/____
Reporter name _____
Reporter phone _____
Primary HCP name _____
Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____
Address _____ ☐ Homeless
City/State/Zip _____
Phone(s)/Email _____
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____
Phone: _____
Occupation/grade _____
Employer/worksite _____ School/child care name _____
Birth date ____/____/____ Age _____
Gender ☐ F ☐ M ☐ Other ☐ Unk
Ethnicity ☐ Hispanic or Latino
☐ Not Hispanic or Latino
Race (check all that apply)
☐ Amer Ind/AK Native ☐ Asian
☐ Native HI/other PI ☐ Black/Afr Amer
☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived Diagnosis date: ____/____/____ Illness duration: _____ days

Signs and Symptoms

Y N DK NA
☐ ☐ ☐ ☐ **Fever** Highest measured temp: _____ °F
Type: ☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk
☐ ☐ ☐ ☐ **Breathing difficulty or shortness of breath**
☐ ☐ ☐ ☐ Muscle aches or pain (myalgia)

Clinical Findings

Y N DK NA
☐ ☐ ☐ ☐ **Required supplemental oxygen**
☐ ☐ ☐ ☐ **Respiratory compromise developing within 72 hours of hospitalization**
☐ ☐ ☐ ☐ **Bilateral interstitial pulmonary infiltrates on x-ray**
☐ ☐ ☐ ☐ **Autopsy compatible with non-cardiogenic pulmonary edema**
☐ ☐ ☐ ☐ Mechanical ventilation or intubation required during hospitalization
☐ ☐ ☐ ☐ Adult Respiratory Distress Syndrome (ARDS)
☐ ☐ ☐ ☐ Gastrointestinal symptoms
☐ ☐ ☐ ☐ Hypotension

Hospitalization

Y N DK NA
☐ ☐ ☐ ☐ Hospitalized for this illness
Hospital name _____
Admit date ____/____/____ Discharge date ____/____/____
Y N DK NA
☐ ☐ ☐ ☐ Died from illness Death date ____/____/____
☐ ☐ ☐ ☐ Autopsy Place of death _____

Laboratory

Collection date ____/____/____
P N I O NT
☐ ☐ ☐ ☐ ☐ **Hantavirus PCR**
☐ ☐ ☐ ☐ ☐ **Hantavirus antigen by immunohistochemistry**
☐ ☐ ☐ ☐ ☐ **Hantavirus IgG rise (serum pair > 2 wks apart)**
☐ ☐ ☐ ☐ ☐ **Hantavirus IgM**
☐ ☐ ☐ ☐ ☐ **Confirmed at state or federal public health laboratory**
☐ ☐ ☐ ☐ ☐ Coagulopathy (platelets < 100,000)

P = Positive O = Other, unknown
N = Negative NT = Not Tested
I = Indeterminate

NOTES

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count backward to determine probable exposure period

Days from
onset:

Exposure period

-45

-7

o
n
s
e
t

Calendar dates:

EXPOSURE (Refer to dates above)

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine

Out of: ☐ County ☐ State ☐ Country

Dates/Locations: _____

Y N DK NA

☐ ☐ ☐ ☐ Wild rodent or wild rodent excreta exposure

Where rodent exposure probably occurred:

☐ ☐ ☐ ☐ Cleaned wild rodent nests or excreta

☐ ☐ ☐ ☐ Slept in cabin or outside

☐ ☐ ☐ ☐ Inhalation of dust from soil, grain, or hay

☐ Patient could not be interviewed

☐ No risk factors or exposures could be identified

Most likely exposure/site: _____

Site name/address: _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

PATIENT PROPHYLAXIS/TREATMENT

Y N DK NA

☐ ☐ ☐ ☐ Antiviral treatment given

PUBLIC HEALTH ISSUES

Y N DK NA

☐ ☐ ☐ ☐ Outbreak related

PUBLIC HEALTH ACTIONS

☐ Education on rodent control

☐ Other, specify: _____

NOTES

Investigator _____ Phone/email: _____

Investigation complete date ____/____/____

Local health jurisdiction _____

Record complete date ____/____/____